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Summary of mid-term reviews and major evaluations of country programmes

Middle East and North Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTR and evaluations described in the present report were conducted during 2001, except for the evaluation in Egypt and the study in the Occupied Palestinian Territory, which were carried out in 2000, but for which the reports became available during 2001.

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Introduction

1. Of the 15 UNICEF–assisted programmes of cooperation in the Middle East and North Africa (MENA) region, only Djibouti conducted an MTR in 2001. This report examines that review, as well as six evaluations and studies conducted throughout the region during the year.

Country mid-term review

Djibouti

2. The duration of the current country programme for Djibouti was reduced by one year in order to harmonise the programme cycles of UNICEF, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the World Food Programme (WFP). Therefore, the country note for Djibouti for the next programme of cooperation covering the period 2003-2007 was reviewed by the Executive Board at its first regular session of 2002 (E/ICEF/2002/P/L.14).

3. Planning for the MTR of the programme of cooperation for 1999-2003 started in June 2001. The non-governmental organizations (NGOs) Caritas, Coopi and Handicap International, along with local NGOs, were closely involved in the preparatory meetings. The MTR took place on 10 October 2001 and in addition to UNICEF was attended by representatives of the Ministries of Foreign Affairs and International Cooperation, Health, Education, Justice and Women's Affairs, as well as by UNDP, the United Nations Educational, Scientific and Cultural Organization, UNFPA, the Office of the United Nations High Commissioner for Refugees, WFP and the World Health Organization.

4. In the period leading up to the MTR, a number of studies were conducted that contributed to the review exercise, on subjects including the reasons for low utilization of immunization services; nutritional surveillance in Djibouti-Ville and the rest of the country; a comparative study of the Pan Arab Project for Family Health and the multiple indicator cluster survey (MICS) questionnaires; a qualitative study on constraints to girls' education; and a knowledge, attitude and practices (KAP) study on youth and HIV/AIDS prevention in Djibouti-ville.

5. **The situation of children and women**. Djibouti is classified as a least developed country and some 45 per cent of the population live below the poverty line. Given this situation, it has not been possible to realize the goals of the World Summit for Children.

6. The situation with respect to children's health is critical. The infant and under-five mortality rates are 114 and 165 per 1,000 live births respectively, the main causes being malnutrition, diarrhoeal diseases, acute respiratory infections and vaccine-preventable diseases. According to a recent study, one of every five children weighs less than 2,500 grams at birth. The maternal mortality rate (MMR) remains very high, at 740 per 100,000 live births, and 98 per cent of women continue to be subjected to female genital mutilation. The Government recently introduced legislation prohibiting this practice. With an HIV/AIDS prevalence rate estimated at 12 per cent, Djibouti ranks among the world's 10 most affected countries.

7. The deterioration in the educational system has seriously affected its performance. Among children of primary-school age, 53 per cent of boys in urban areas and 82 per cent of girls in rural areas did not have access to school in 2000, calling into question the viability of the education system, particularly for girls. To respond to this situation, the Government adopted a new national strategy for expanding access to primary education and narrowing the gender gap.

8. Following its consideration of Djibouti's initial report, the Committee on the Rights of the Child recommended that the country reconsider its general reservations, strengthen its mechanisms for monitoring and evaluating implementation, continue to update its legislation and take measures to protect the most vulnerable children in particular.

9. The United Nations country team initiated the Common Country Assessment (CCA) in May 2001 and completed it in February 2002. The CCA process involved six theme groups: response to emergency situations and prevention of natural disasters; poverty alleviation; good governance and human rights; health; education; and HIV/AIDS. UNICEF co-chaired the HIV/AIDS theme group and was the focal point for the education theme group. The country team is now preparing the United Nations Development Assistance Framework, which is scheduled for completion in May 2002.

10. **Achievements and constraints**. The survival component of the country programme was important to the success of the national polio immunization campaigns, which resulted in a coverage rate of 95 per cent. However, due to lack of human and financial resources, immunization coverage for the six basic antigens of the expanded programme on immunization has fallen from 58 per cent to less than 30 per cent. To improve the quality and utilization of health services for children, a start has been made with the adaptation of the Integrated Management of Childhood Illnesses approach to the local context. Extensive training of medical and para-medical staff, availability of micronutrient supplements to meet the needs of pregnant women and the development and distribution of information materials for maternity wards have resulted in a significant improvement in the quality of maternal care, as evidenced by increases in the proportion of women having at least two antenatal consultations from 36 to 56 per cent and in the ratio of deliveries taking place in health facilities from 36 to 52 per cent. This is a first step towards reducing the high MMR in Djibouti.

11. The development and disparity reduction programme provided various types of technical assistance for policy formation and studies, promotion of girls' education and the development of a strategy for early childhood care. Female literacy promotion and the provision of micro-credit facilities, undertaken in collaboration with UNDP and Caritas, contributed to a clear improvement in the living conditions of the beneficiaries and their families. The concept of "child-friendly" communities was introduced as a vehicle for community mobilization. Interventions to promote girls' education were particularly promising and will be developed further. The programme has been most successful with interventions that were directly aimed at the classroom level. Lack of data complicated the planning process, while logistics bottlenecks and lack of qualified personnel affected implementation.

12. The protection and child rights promotion programme strengthened the Government's commitment to the realization of children's rights, promoted children's participation by offering them opportunities to express their ideas,

mobilized media for child rights and succeeded in initiating action to address juvenile delinquency. One of the major constraints was the absence of adequate data on the knowledge, attitudes and practices of various stakeholders.

13. **Assessment of programme strategies: lessons learned**. The MTR showed the relevance and effectiveness of advocacy and technical assistance. For example, as a result of intensive advocacy with senior government officials, HIV/AIDS was included among the Government's priorities and the review of legislation in relation to the Convention on the Rights of the Child was accelerated. High-quality technical assistance facilitated the preparation of the master plan for the education sector.

14. The lack of intra- and intersectoral communication negatively affected smooth implementation and synergy between programmes. There is a need to strengthen the coordination mechanisms between the various ministerial departments and with donors. The lack of relevant national strategies and the inadequacy of human and financial resources in key areas had an impact on the results. UNICEF must intensify its advocacy with the Government for the development of national strategies and an increase in budgetary allocations.

15. **Country programme management plan (CPMP)**. The 1999-2003 CPMP aimed to strengthen internal control mechanisms, promote staff participation and improve communication between UNICEF and its partners to ensure a shared vision of the programme and minimize duplication and maximize synergy for the benefit of children. These objectives were largely achieved. A programme budget review exercise was undertaken in May 2001, as a result of which an International Professional post of Operations Officer was established at the P-3 level. The country office put in place a new mechanism to ensure the timely liquidation of cash assistance to the Government. A new CPMP will be developed in 2002 to meet the requirements of the new country programme of cooperation for 2003-2007.

Major country programme evaluations

KAP study on youth and HIV/AIDS prevention in Djibouti-ville

16. This study, which was conducted between March and June 2001, examined 200 young people aged 10-19 in Djibouti-ville about their knowledge, attitudes and practices relating to HIV/AIDS and sexually transmitted diseases, as well as their participation in such activities as sports and clubs. Although the prevalence rates for HIV and AIDS are not known with great accuracy in Djibouti, the report views the official figures of just over 10,000 HIV-positive cases as the "tip of the iceberg." Forty questions were posed to each participant, 16 on youth activities, 16 on knowledge about sexual practices and eight on knowledge about HIV/AIDS. The study focused on the differences between two age groups, 10-14-year olds and 15-19-year olds.

17. The study found that both age groups had remarkably similar characteristics. For example, both age groups cited their three most important problems as unemployment/poverty, drugs and dropping out of school. Asked what they do with their free time, about three quarters of both groups did not respond when presented with a list of socially acceptable activities, perhaps implying that socially less acceptable behaviour took up their time. Ninety-one per cent of 15-19-year olds and

77 per cent of 10-14-year olds said they were interested in more information on HIV/AIDS, implying that the older, more sexually active group was more acutely aware of their need for information. Both age groups also had remarkably similar responses to a question about the three principal methods of HIV transmission: 93 per cent of both groups cited "unprotected sex"; 66 per cent of the older group and 67 per cent of the younger group cited "receiving a blood transfusion from someone with AIDS"; and 57 per cent of the older group and 46 per cent of the younger group cited "using a syringe from someone infected with AIDS". Both groups also cited the same three methods of preventing transmission of HIV. A significantly higher proportion of the older group cited condom use (43 per cent versus 32 per cent) as a primary means of AIDS prevention, 42 per cent of the older group and 50 per cent of the younger group cited marriage/fidelity and only 15 per cent of the older group and 18 per cent of the younger group cited abstinence.

18. The study also made a number of policy recommendations related to young people and HIV/AIDS, for example: (a) the importance of strengthening youth clubs, particularly as they relate to sexual health, given the high sexual activity rate of young people in Djibouti-ville; (b) the need to capitalize on the willingness of young people to speak relatively openly about HIV/AIDS and their sexual practices to educate them about prevention; and (c) coordinated efforts to counter false information about how HIV/AIDS is spread. Finally, the study called for further research into young people's attitudes and practices regarding HIV/AIDS. The new programme of cooperation between UNICEF and the Government will give high priority to combating the spread of HIV/AIDS. The study provides invaluable information for the development of interventions for the prevention of HIV/AIDS among youth.

Community Education Project, End of Phase II Evaluation, Egypt

19. The project is a joint undertaking between the Ministry of Education, UNICEF and the Canadian International Development Agency (CIDA), with local NGOs as essential partners. The project is being funded through a grant to UNICEF from CIDA. The evaluation assessed the project's achievements and impact on communities, as well as constraints and lessons learned. The evaluation team visited 16 of the 176 community schools in two governorates and conducted a participatory rapid assessment, which entailed focus-group discussions with project participants and community members; semi-structured group and individual interviews with key informants from NGOs, local authorities and relevant academic institutions; and meetings with project personnel. The evaluation team also interviewed staff from the Ministry of Education, CIDA, UNICEF and the Foundation for International Training consortium.

20. The evaluation found that over six years of the project period, the attitudes towards girls' education in the project communities evolved considerably. Prior to the introduction of community schools by the project in the Governorates of Upper Egypt, girls over the age of 12 were not allowed to leave home unaccompanied. Mothers and fathers indicated in the interviews that now they encourage their daughters to continue their education because of the positive impact both on the girls themselves and on their families. Of the 899 community-school pupils who graduated between 1997 and 1999, 828 (92 per cent) enrolled in conventional preparatory schools, of whom 580 (70 per cent) were girls. Teachers in the

preparatory schools report that community-school graduates perform academically well above average. To the girls themselves, the value of education has increased, while the value accorded to early marriage has decreased. The project also offered literacy classes for older girls who are no longer eligible for a primary education programme, as well as for older women, which eventually were well received by the community. The evaluation gives high marks to governorate-level policy changes, such as waiving preparatory education fees for community schools, enforcing the flexible promotion option, making health insurance similar to what is offered to pupils in the formal education system available to community school pupils, and encouraging curriculum development.

21. Despite the success of the project, the study noted that because of bureaucratic management procedures, this innovative approach can not yet be easily introduced in conventional schools throughout the country because the capacity of the primary partners in the project needs to improve. Various partners have different organizational cultures and management and reporting systems, which during implementation have created challenges that need to be addressed by UNICEF and the Ministry of Education at the national level. The Ministry's Education Innovation Committee will be encouraged to play a vital role as a vehicle for policy dialogue, so that ultimately the experiences can be transferred to a larger scale. The evaluation will define the nature of future UNICEF support to the third phase of the project, which will continue as part of the new programme of cooperation for 2002-2006.

Vulnerability and Capacity Assessment, Occupied Palestinian Territory

22. The study was conducted in the Occupied Palestinian Territory by the Palestine Red Crescent Society, in conjunction with UNICEF and the International Federation of Red Cross and Red Crescent Societies. Its purpose was to identify local communities' points of view concerning real needs for disaster preparedness and ways of mitigating the impacts of disasters. The study used 22 focus groups which represented cities, villages and refugee camps and involved 429 people, including males, females, the elderly and handicapped persons. In order to ensure that children as young as six years of age were consulted, art workshops were organized for 113 6-14-year olds from all governorates so they could record their ideas of expected hazards and their effects. Semi-structured interviews with ministries and NGOs allowed for the triangulation of data. To support the qualitative information gathered from the local community, a quantitative checklist was designed relating to expected hazards. Secondary data, such as textbooks and journals, were also collected.

23. The study showed that political conflict, water shortages and environmental pollution were perceived to be the most significant threatening disasters that could affect the population. The most vulnerable groups were defined as women, children, the elderly and disabled people. The study has had an important impact on the children of the community through the interaction of the workshops. The exercise has also created a sense that children have an important role in determining what disasters are and that they can be involved in preventing and mitigating their effects. The study encouraged children's participation and identified them as an important resource in disaster preparedness programme planning. One of the findings of the study is the need to develop a national disaster plan based on the needs and aspirations of the local community. The study also indicated that the Palestinian

community has technical and human capacities to assist in the development of a national disaster plan. Although the ongoing political, economic and military crisis in the Occupied Palestinian Territory makes it difficult for the Palestinian Authority or UNICEF to implement concrete next steps, the changes in practical roles of ministries and NGOs in this matter have been explored along with the development of a national disaster plan based on real available capacities. The vulnerability and capacity assessment informed the formulation of the updated UNICEF contingency plan for the Occupied Palestinian Territory.

Child Health and Welfare in the Syrian Arab Republic

24. The UNICEF-supported study was based on the second MICS and was conducted by an international consultant in cooperation with the Syrian Central Bureau of Statistics. The study was completed in two parts: an examination of the methodology and data used in the second MICS to evaluate the country's progress towards the goals of the World Summit for Children; and a set of proposals to guide the formulation of related policies in the Syrian Arab Republic.

25. Overall, the data show that the country made sustained progress in the 1990s, although there is no evidence of an accelerated trend. The level of progress is roughly comparable to that of most other countries with similar per capita gross domestic product measured in terms of purchasing power parity, and can be easily related to the steady expansion of social services in the Syrian Arab Republic. The study reports that the disaggregation of data under the MICS brought out the disparities between the regions, but that intraregional disparities might be greater than interregional ones, which were already rather well known. Furthermore, geographical divisions for disaggregation of data are different from those used in previous surveys, including the first MICS. As a result, it is not possible to assess progress in different parts of the country by comparing data from the second MICS with previous surveys. For certain indicators, the national averages do not tally with the breakdown of data for rural and urban areas, which are about equal in size demographically.

26. The study made a number of policy recommendations relating to developing a national health strategy. They included: (a) the need for yet more thorough intraregional and gender-disaggregated data through large-scale surveys (particularly the need to disaggregate the data beyond the country's six regions to the 14 governorates); (b) the need for better focus on marginalized groups, which could include creating a package of assistance to the children of the very poor. Such an approach is likely to be more cost-effective, as the most needy seldom constitute a distinct group; and (c) an effort to clarify the separate roles of the private and public sectors in health to strengthen their capacities. The study also questions the applicability of the generally prescribed remedy of decentralized planning to the country's political, social and economic environment. It cautions against undertaking this approach without first studying the availability of the required institutional capacity at the subnational level for planning and implementation.

Final report on the implementation of the HIV/AIDS survey study in the Syrian Arab Republic

27. This KAP study was conducted in collaboration with United Nations Relief and Works Agency (UNRWA) and focused on the knowledge of Palestinian refugees in 24 UNRWA-run preparatory schools in the Syrian Arab Republic. Questionnaires were completed by 240 male and female students aged 12-15, 168 teachers in 24 schools and 168 parents. The survey consisted of three different questionnaires, each with 11 questions, which were completed by three categories of the target group.

28. The study found that only a very small number of students defined HIV/AIDS and its means of transmission correctly. For example, only 3 per cent of students stated that HIV is a virus and only 29 per cent answered that it cannot be transmitted through touch. The teachers who were surveyed said that their sources of information relating to HIV/AIDS include the mass media, television and radio (47 per cent) and magazines (44 per cent). Notably, the study found that the role of schools in informing youth about HIV/AIDS is limited. This may have been due to the fact that HIV/AIDS education is limited to the higher grades and takes place during the second semester, and the students answering the questionnaires had not yet had the education. On the other hand, the study found that parents have a higher level of information on HIV/AIDS (51 per cent answered that HIV/AIDS cannot be transmitted by touching). However, because the study noted that the parents who answered the questionnaires generally had a higher than average education, selection bias might prevent projecting the findings to the broader population because the educational level of parents and actual societal averages might be much lower.

29. The study recommended that UNICEF and the Government work together to produce more public information campaigns to inform society about HIV/AIDS transmission, including symposia for teachers so that they can better provide information on AIDS throughout the academic year. Developing positive attitudes among students towards people living with HIV/AIDS was also considered necessary.

Baseline survey for the Area-Based Programme/Child Development Project, Yemen

30. The baseline survey was carried out in 12 districts of the three governorates of Hodeidah, Ibb and Abyan. Three types of questionnaires — for households, mothers and children and children under five years of age — were used to collect baseline data. The questionnaires were based on the questionnaire structure used for the MICS. The baseline study was conducted in 136 enumeration areas (113 in rural and 23 in urban areas). The three types of questionnaires, of which a combined total of 5,955 were filled in, had high completion rates, ranging from 93 to 98 per cent. Because the questionnaires addressed socially sensitive issues, the survey team was composed of women only so as to elicit more genuine responses from the female respondents. All data were disaggregated by age, gender, governorate and district.

31. The study revealed that the number of children born to married women aged 15-49 in the 12 districts exceeds the national average and that not even one fifth of deliveries in the areas were medically assisted. Girls' school enrolment rates were found to be lower than the national average and about 50 per cent of children

suffered from malnutrition. Not even one third of children under five years of age were found to be fully immunized. Sixty-eight per cent of households use drinking water from unsafe sources, more than one half of households suffer from water shortages and safe sanitation facilities were absent in over 85 per cent of households. Female genital mutilation was found to be relatively widespread in the governorates of Hodeidah and Ibb, affecting 49.5 and 39.6 per cent of mothers respectively. One half of children aged 5-14 years are considered to be working. Less than one third of households consumes salt containing an adequate level of iodine. The study concludes that in terms of girls' education and water, the most disadvantaged areas are the rural and mountainous areas.

32. The World Bank, under an agreement with the Government of Yemen, is channelling $28.9 million in funds from the International Development Association through UNICEF to fund the Area-Based Programme/Child Development Project. In 2002 and 2003, the same methodology will be used to survey an additional 18 districts and the final survey, covering 30 districts of nine governorates, will be conducted in 2006 for a review and evaluation of the impact of the project. The baseline survey will be an essential tool in assessing the effectiveness of the partnership between the Government of Yemen, the World Bank and UNICEF.

ChildInfo

33. In order to strengthen results-based management, the implementation of ChildInfo, a geographical information system designed for monitoring the situation of children and programmes for children, was significantly accelerated in the MENA region in 2001. UNICEF staff from the country offices in Algeria, the Islamic Republic of Iran, Iraq, Jordan, Lebanon, the Syrian Arab Republic, Tunisia and Yemen, as well as the Gulf Area and Regional Offices, received training in setting up and managing the system. UNICEF and government staff in Oman, Iraq and Sudan received in-country training in the administration of the system, including a demonstration of how ChildInfo can be used for monitoring social development and for knowledge-based programming and advocacy.

34. Currently, digitized maps are being established for first and second subnational levels for all MENA countries, in coordination with the United Nations cartographer to avoid dilemmas concerning areas that may be the subject of border disputes. The ChildInfo software is being improved with a function that organizes the indicators of the database by cluster and by articles of the Convention on the Rights of the Child. The development of an Arabic version is almost complete and specific data sets for the Regional Office are being finalized. It is anticipated that by the end of 2002, most country offices in the MENA region will be using ChildInfo.